

wise beyond our years

Summer 2010

Celebrating 20 years of Success

July marked the 20th anniversary of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Dr. Marcus Plescia, The Centers for Disease Control and Prevention's Division of Cancer Prevention and Control Director, reported that since the inception of the program, more than 8.8 million cancer screenings have been provided and 42,000 breast cancer cases have been detected.

North Carolina alone has screened over 135,000 women for breast and cervical cancer, resulting in 2,073 breast cancer and 873 cervical cancer diagnoses that may otherwise have

gone undetected. NBCCEDP clearly has made a significant impact on the lives of many women throughout our state and the nation.

Breast cancer is still the second-leading cause of death among women, so NBCCEDP will continue to lead and support breast and cervical cancer screenings to save lives. It is projected that even after the health care reform

law is implemented in 2014, there will still be uninsured women who will need mammograms and Pap tests.

A special thanks to all our NC Breast and Cervical Cancer Control Program providers who continue to work hard to save the lives of women throughout our state. ♡



NC WISEWOMAN™

INSIDE THIS ISSUE

| | |
|--|----|
| A New Fiscal Year Brings New Changes | p2 |
| Cholesterol Results in Minutes | p3 |
| Cancer Programs Combine | p3 |
| The Heart of a WISEWOMAN Patient Conference | p3 |
| Congratulations Providers | p3 |
| October is Breast Cancer Awareness Month & January is Cervical Health Awareness Month | p4 |
| Breast Cancer Awareness Month Kick-Off Event | |
| Financial Updates | p5 |
| Grant & Continuing Education Opportunities | p6 |
| Counseling for Change: An Online Tobacco Cessation Course | p6 |
| Staff Announcements | p7 |
| Program Reminder: Staff Change Notifications | p7 |
| Awareness Campaign for Genetic Testing for Breast and Ovarian Cancers | p7 |
| Mark Your Calendars | p8 |
| Ask Dr. Miller | p9 |
| AND MORE... | |

A New Fiscal Year Brings New Changes FY10-11

As we welcome another successful year for our NC BCCCP and WISEWOMAN Programs, we've made several modifications that affect the work of local providers. These changes include a new WISEWOMAN lifestyle intervention (LSI) schematic; state-led LSI calls to alert value patients; and greater efforts to assist patients with quitting smoking.

New LSI Requirements

The new WISEWOMAN intervention schematic has reduced the minimal intervention requirements. All patients should continue to receive risk reduction counseling during their initial screening visit regardless of their intervention level. Providers should also continue to provide the first intervention during the patient's initial screening visit.

| Intervention Level | Interventions Required |
|--------------------|------------------------|
| Normal | Optional |
| Abnormal | 1 |
| Alert | 2 |

Alert Value LSIs

The NC WISEWOMAN Interventionist will begin conducting the second required intervention for WISEWOMAN patients with alert values. These will be conducted two to six months after the patient has entered the program and will be reported back to the local provider when completed.

NC Quitline Fax Referrals

Patients that are self-reported smokers and are ready to quit tobacco use within 30 days should be referred to the NC Tobacco Quitline using the fax referral form. Providers should indicate NC WISEWOMAN as the organization name for all WISEWOMAN patients referred to the Quitline. The Quitline will fax the provider an Outcome Report which can be used to document an intervention if the patient had at least one session with a Quit Coach. The Quitline Fax Referral form can be found on the BCCCP website under the "Highlights" section of the "For Healthcare Providers" tab at www.bcccp.ncdhhs.gov/ProviderResources.htm.



1-800-QUIT-NOW
1-800-784-8669

* Please know that greater efforts are being made across both programs to reduce the number of women who smoke. All self-reported smokers should receive information about local smoking cessation resources or the NC Quitline.

More details regarding these new changes were discussed on the mandatory statewide providers' conference call held Friday, September 24, 2010.

Cholesterol Results in Minutes

The Cholestech LDX rapid fingerstick lipid profile screening method, found to be comparable to commercial laboratory methods, is now approved for use in WISEWOMAN Project cholesterol screenings. The Cholestech LDX performs cholesterol screenings in a simple, three-step process and does not call for a painful venous draw. Results are ready in just five to seven minutes, allowing for on-the-spot counseling. All users are required to obtain a CLIA Certificate of Waiver prior to using the Cholestech.


Cancer Programs Combine

The Division of Public Health Comprehensive Cancer, BCCCP and WISEWOMAN are now back under one Branch – the Cancer Prevention and Control Branch. This puts us in line with many other states and positions us best for upcoming health care reform. Linda Rascoe will be responsible for oversight of the branch. Linda may be contacted at 919-707-5310 or Linda.rascoe@dhhs.nc.gov.



The of a WISEWOMAN Patient Conference

*Saturday, November 6
& November 20, 2010*

The NC WISEWOMAN will begin holding The Heart of a WISEWOMAN Patient Conferences again beginning in Fall of 2010 in Goldsboro and Greensboro. These conferences will address the importance of having a healthy heart, how to set SMART goals, as well as how to eat and move towards a healthier you. More information will be forthcoming. 

Congratulations Providers

Congratulations to all our providers for overcoming the challenges of FY 09-10 and to those who successfully completed your annual screening targets.

A special thanks to our providers who went above and beyond their target numbers. Thank you to Appalachian District, Buncombe County, Granville – Vance District, Guilford County, Haywood County, Jackson County, Martin Tyrell Washington District, New Hanover Community Health Center, Pamlico County, Robeson County, and Rutherford Polk McDowell District Health Departments.

The Data and Evaluation Team strives to improve the state processes of the NC BCCCP and WISEWOMAN Programs. They welcome all new providers joining us in FY 10-11 and are happy to assist you.



October is Breast Cancer Awareness Month & January is Cervical Health Awareness Month



During these months, many programs and organizations across the state and nation will hold events and activities to educate individuals about breast and cervical cancer as well as promote cancer screenings and early detection. We have added a page to our website to highlight these events that are planned. If your organization has a breast and/or cervical cancer event or activity planned for October or January, please email Lakeisha Johnson

(Lakeisha.johnson@dhhs.nc.gov) and we'll add it to the website.

Also, please let us know what your patients are saying about our programs. Testimonials can be submitted on the BCCCP Website at www.bcccp.ncdhhs.gov/Testimonials.asp. ♡

Breast Cancer Awareness Month Kick-Off Event

Friday, October 1, 2010



The NCBCCCP in partnership with the American Cancer Society, the Susan G. Komen Foundation, the Sisters Network and other community partners hosted a Breast Cancer Awareness Month Kick-off event on October 1, 2010 at Peace College in Raleigh. The goals of the event were to raise awareness of breast cancer issues, particularly the life-saving benefit of breast cancer screening and early detection, as well as to mobilize community and faith-based organizations, survivors, and health care professionals to educate individuals and the community, provide support, and collaborate to address breast cancer issues.

The event began with special guest, Miss North Carolina USA, Nadia Moffett reading the proclamation followed by several breast cancer survivors who shared their inspirational testimonies. A panel of experts also presented and answered questions about early detection and screening, treatment, research, and survivorship. Throughout the months of October and November, we also plan on conducting a media campaign to deliver the message of the importance of screening and early detection.

Financial Updates

Draw Down Funds Each Month

In this current financial climate, our state funding remains uncertain. As such, it is imperative that you continue to draw down funds by the 10th of each month if you are a Contractor; and by the monthly deadline given for submission of Financial Reports if you are a Local Health Department. By following these guidelines, it ensures your allocation of funds is being expended on a monthly basis; thus minimizing the loss of funds if in fact, a cut in state funds becomes apparent.

As always, we want to remind each provider that we pay for screenings based on a capitated rate. This means contractors should request reimbursement and local health departments should draw down money in the Web-Identity Role Management System (WIRM) for services rendered based on the number of women you screen. This figure should be equal to: the number of women screened multiplied by your reimbursement rate (i.e. 10 women screened x \$255 = \$2,550). This will help ensure that you receive your entire funding allocation once your screening goal has been met.

If your screening goals already have been met and you still have funds available, please request reimbursement for these funds immediately.

Poverty Guidelines Remain the Same for FY10-11

The poverty guidelines remain unchanged from 2009-2010 and will be effective until June 30, 2011 or until further notice. Revisions of the guidelines were delayed because the HHS would have had to issue 2010 poverty guidelines that were lower than the 2009 poverty guidelines. Legislation to further delay the publication did not pass; therefore they will remain the same throughout FY10-11.

This is the first time the federal poverty guidelines have not been updated since the guidelines were first issued in 1965. Please continue to use the FY09-10 guidelines below.

| Federal Poverty Guidelines* | | BCCCP & WISEWOMAN | | Cancer Assistance |
|---------------------------------|-------------------|-------------------|--------------------|-------------------|
| Persons in Family Unit | 100% FPG (Annual) | 250% FPG (Annual) | 250% FPG (Monthly) | 115% FPG (Annual) |
| 1 | \$10,830 | \$27,075 | \$2,256 | \$12,454.50 |
| 2 | \$14,570 | \$36,425 | \$3,035 | \$16,755.50 |
| 3 | \$18,310 | \$45,775 | \$3,815 | \$21,056.50 |
| 4 | \$22,050 | \$55,125 | \$4,594 | \$25,357.50 |
| 5 | \$25,790 | \$64,475 | \$5,373 | \$29,658.50 |
| 6 | \$29,530 | \$73,825 | \$6,152 | \$33,959.50 |
| 7 | \$33,270 | \$83,175 | \$6,931 | \$38,260.50 |
| 8 | \$37,010 | \$92,525 | \$7,710 | \$42,561.50 |
| for each additional person, add | \$3,740 | \$9,350 | \$779 | \$4,301.00 |

Grant & Continuing Education Opportunities

Susan G. Komen for the Cure 2011-2012 Funds Available for Breast Health and Breast Cancer Services



Susan G. Komen for the Cure, NC Triangle is proud to announce the availability of funds to support breast health and breast cancer services for uninsured, underinsured and low-income persons seeking support across their newly expanded, 19-county service area! The Komen NC Triangle Affiliate is committed to building communities by supporting breast health/cancer services across the continuum of care, including education/outreach, screening, treatment, post-diagnosis and survivorship services. Awards vary from \$1.1 to \$1.5 million annually across approximately 22-25 community healthcare programs in the Triangle service areas.

Details about how to apply for funding can be found at www.komennctriangle.org. Applications must be submitted electronically by **Monday, November 8th, 2010 at 5pm**.

If you have any questions about whether your program qualifies for the grant, please contact Lakeisha Johnson at 919-707-5317 or Lakeisha.johnson@dhhs.nc.gov. ☞

Counseling for Change: An Online Tobacco Cessation Course

The “Counseling for Change” online tobacco cessation training program housed at Northwest AHEC has recently been enhanced. This interactive program complements the *Guide for Counseling Women Who Smoke* and also links to the video, *Counseling from the Heart*. The training is available free of charge without continuing education credit and \$20 for continuing education credit. Five credit hours are available with completion of this program, available on-line anytime. Support for updating the course was provided by the Women’s Health Branch. To access the course, visit www.northwestahec.org. The program is available in the ‘Online Courses’ column on the right of the page. ☞

Need help in getting your patients to quit using tobacco?
Register for this interactive course and learn steps to help your patients kick the habit!

Counseling for Change: An Online Tobacco Cessation Course

Tobacco is one of the leading causes of preventable disease and premature mortality in the U.S. today. Healthcare providers can have a tremendous impact on reducing the rates of tobacco use and preventing unnecessary disease and death through tobacco cessation counseling offered to patients. This course is designed to provide tools to enhance the skills of healthcare providers when counseling for tobacco use including smoking cessation, exposure to second hand smoke (SHS), and the use of smokeless tobacco.

| Topics | Objectives |
|--|--|
| • Behavior change model | • Apply skills in counseling patients in tobacco cessation. |
| • The 5 A's | • Explain the stages of change for use in tobacco cessation counseling. |
| • Nicotine withdrawal symptoms & treatment | • State the 5 A's used in counseling. |
| • Resources for physician offices | • Utilize the brief intervention model when counseling patients to quit. |

Physician advice and encouragement have been shown to increase the number of patients who will attempt and succeed in quitting smoking. Recent studies suggest that physician interventions have the potential to increase long-term abstinence rates to 30% from only 7% among adult smokers attempting to quit on their own.

AAMC: Physician Reflector and Practice Patterns Related to Smoking Cessation, 2004 Summary Report

STAFF ANNOUNCEMENTS

Shaderika Willis has left her position as the WISEWOMAN Project Coordinator to return to providing direct services to women at a private practice in Fayetteville, NC. Until this position is filled Vicki Deem has agreed to serve as the Interim Project Coordinator. Vicki has been with the Project for several years and offers strong leadership skills. She is available to handle all provider inquiries and clinical decisions intended for the WISEWOMAN Coordinator. Please direct all communications previously sent to Shaderika to Vicki at 919-707-5324 or **Vicki.deem@dhhs.nc.gov**.

LeVelton Thomas is now the liaison with the WISEWOMAN Project on finance issues. He is also available for operational questions regarding the Project. LeVelton's contact information is 919-707-5320 or **levelton.thomas@dhhs.nc.gov**.

Staff Vacancies

Currently the BCCCP Human Services Planner/Evaluator and the WISEWOMAN Data Manager positions remain vacant. We are diligently working to fill these positions. In the meantime, please direct all evaluation questions and correspondence to Lydia Dedner, Human Services Planner/Evaluator, 919-707-5314 or **Lydia.dedner@dhhs.nc.gov**. Direct all data questions to Terence Fitz-Simons, 919-707-5312 or **terence.fitz-simons@dhhs.nc.gov** or your regional Nurse Consultant.

Program Reminder: Staff Change Notifications

Please be sure to complete and submit the Staff Change Notification Form within 30 days of a status change with any program Director, Supervisor, Coordinator, or Educator position. Include new hires, position vacancies, position eliminations, and other changes. Please send this contact information to Tammie Hobby at **tammie.hobby@dhhs.nc.gov**.



Awareness Campaign for Genetic Testing for Breast and Ovarian Cancers

In September, Myriad Genetic Laboratories will begin a regional awareness campaign for their BRACAnalysis genetic test for breast and ovarian cancer. The awareness campaign is will run through March 2011. You may begin

to receive questions from your patients about this test. For more information about the campaign and the genetic test, visit Myriad's website **www.bracnow.com**. ☞

Mark Your Calendars

National Health Observances

October 1-31

National Breast Cancer Awareness Month

October 13

National Metastatic Breast Cancer Awareness Day

October 20

National Mammography Day

November 1-30

American Diabetes Month

November 18

Great American Smokeout



September 26 – October 30, 2010

Help save lives. Join a Start! Heart Walk near you. The American Heart Association held its first North Carolina 2010 Start! Heart Walk on Sunday, September 26th in Raleigh. Additional heart walks will be held in Fayetteville, Wilmington, Rocky Mount, and Greenville. The Start! Heart Walk is a fun way to promote healthy living and help the American Heart Association to save lives from our country's number 1 and 3 killers, heart disease and stroke. Invite friends, family, and co-workers to participate. **Click here to learn more about a Start! near you.** ∞

September 25, October 2 & October 16, 2010

Like most women, you've probably been affected by breast cancer in some way. Making Strides Against Breast Cancer gives you the power to make a difference and fight this disease. Making Strides Against Breast Cancer is your opportunity to honor breast cancer survivors, remember people we have lost, and raise funds and awareness to help end this disease. Making Strides is not a race; it is a celebration of survivorship, an occasion to express hope, and a shared goal to end a disease that threatens the lives of so many people we love. There is no registration fee or minimum fundraising amount. People of all ages are welcome to participate. **Click here to find a Making Strides Event near you.**

Ask Dr. Miller

Questions and Answers with CDR Jacqueline W. Miller, MD, USPHS National Breast and Cervical Cancer Early Detection Program Medical Director

The following questions were posed by NBCCEDP grantees at the 2010 Quality Services Support Team Meeting in May 2010.

Question #1: If a provider incidentally does a Pap test on an “off year” and the results of the Pap test are abnormal, can or should the BCCP pay for the appropriate work-up?

Answer: Yes. This scenario can be treated as a referral into the program for evaluation of an abnormal Pap result as long as the woman is eligible for the BCCP. All appropriate diagnostic tests should be reimbursed by the BCCP.

Question #2: Is it always necessary to have a surgical consult before a breast biopsy occurs?

Answer: It is not absolutely necessary to always have a surgical consult before having a breast biopsy, but the necessity of having such a consult should depend on the degree of suspicion for breast cancer. If the mammography findings are highly suspicious for cancer, then a surgical consult should be considered before the biopsy is done. It is important that the person ordering the biopsy is experienced and knowledgeable about the appropriate follow-up of biopsies so that the correct information and care is given to the woman.

Question #3: Does CDC plan to incorporate or adopt ACOG 2009 guidelines for cervical cancer screening?

Answer: The CDC currently has no plans to change the cervical cancer screening guidelines. The NBCCEDP has typically followed the USPSTF recommendations which are presently under revision.

Question #4: For screening Pap tests that are not needed to be done annually, is it still necessary to perform an annual pelvic exam?

Answer: The importance of having an annual pelvic exam is still controversial in the OB/GYN community. USPSTF does not make specific recommendations about this, whereas ACOG current recommendations state that annual pelvic examinations might be appropriate. Providers should discuss this with the woman to determine if she should get a pelvic exam on the years she does not need her screening Pap tests.

Question #5: If a woman under the age of 50 years has had consecutive negative mammograms, is it still necessary to have an annual CBE?

Answer: A woman's risk for breast cancer does not decrease because she has had previous negative mammograms. The risk for breast cancer increases with age. The need for any breast examination under the age of 40 should be based on the woman's risks, family history, benefits and harms.

Question #6: We continue to have provider requests to pay for galactograms, then questions of why we do not cover this testing. Can you give an explanation that we can pass on to providers?

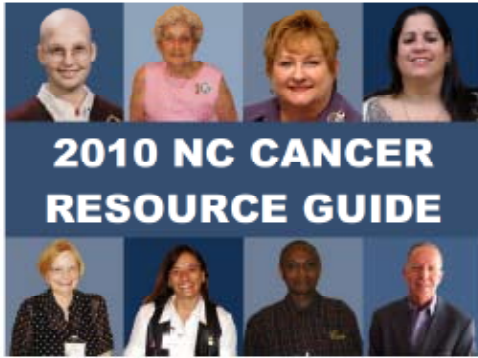
Answer: There are instances where a galactogram may be appropriate in the diagnostic work-up. In that case BCCP funds can reimburse for galactograms. Galactograms are not listed on the NOT ALLOWED CPT list. Therefore, as stated in the beginning notes on the 2010 CPT guidance document (see notes below), you may add this procedure to your own list of CPT codes as per your MAB or may be approved on a case-by-case basis.

- When questions arise regarding the appropriateness to utilize a procedure not listed in a Program's application, the Program's local medical advisory board or consultant should be consulted to determine if the procedure is warranted given the overall intent of the CDC funding and amount of resources the program has available.
- However, the use of procedures not listed in the application should be an exception (used in less than 5 percent of the screening population) and not the rule.

Useful Resources

Now Available:

2010 NC Cancer Resource Guide



The Cancer Resource Guide is collaboration between NCCCP, ACS and CarolinaWell and contains county by county listings of cancer resources. The guide is available on nccancer.com, cancer.org and by calling the American Cancer Society at 1-800-227-2345. If you know of resources not listed, please complete the form at the end of the guide or have the organization providing the service enter the resource by using this link – www.cancer.org/inyourarea/app/submit-a-resource.aspx.

A printed version of this document is created annually for the NC Survivorship Summit.

CDC Develops Sodium Reduction Awareness Toolkit

The new Sodium Reduction Awareness Toolkit addresses the public health priority of high blood pressure. As part of a broader national effort, CDC developed this toolkit to support the work of educating individuals and groups about the seriousness of high blood pressure. These educational tools were designed to help enhance dialogue among partners on this topic and lead to fruitful discussions on how sodium reduction might be addressed in states, communities, and organizations.

The Sodium Reduction Awareness Toolkit contains basic information on the risks of excess sodium consumption; common sources of sodium; and frequently asked questions on sodium reduction topics.

The toolkit can be found on-line at:

www.hearthealthystrokefree.org/sodium.aspx.

Patient Navigation in Cancer Care Multimedia Toolkit

Would you like to get a patient navigation program started in your community?

This four-volume kit was developed by a team of cancer care experts, including Dr. Harold P. Freeman, whom many consider the “father of patient navigation.” This guide has been created to help establish patient navigation programs and train patient navigators on how to best communicate with patients.

Included in the toolkit is a CD-ROM which contains PowerPoint presentation slides for presenting the program to decision makers, an action plan template, tools for the navigator (such as a patient intake form and tracking tool), and promotional materials such as flyers and press releases.

Register for your free patient navigation toolkit today at www.patientnavigation.com/public/Toolkit.aspx?LMenuId=200.

American Heart Association Walking Website

The American Heart Association has developed a website dedicated to walking to stay fit. The website includes many walking resources, including your own walking plan, endless healthy recipes, a grocery list builder and much more. Urge patients to begin a walking routine today!

Visit: www.startwalkingnow.org

cont. on page 11

Useful Resources cont. from page 10

Available Weight Control Resources

Achieving a healthy weight can help you control your cholesterol, blood pressure and blood sugar. It might also help you prevent weight-related diseases, such as heart disease, diabetes, arthritis and some cancers. Information on weight-control strategies can be found at www.nlm.nih.gov/medlineplus/weightcontrol.html.



News & Reviews

News & Reviews is a collection of recent press releases from credible websites. Each section highlights current press releases in a particular health topic. To read the full story, simply click on the title.

Blood Pressure

6/24/10 [CDC Survey Finds Nine in 10 U.S. Adults Consume Too Much Sodium](#)

Breast Cancer

7/06/10 [Breast Cancer Screening Among Women Aged 50–74 Year – U.S. 2008](#)

Cholesterol

8/10/10 [Cholesterol Levels Fluctuate With Menstrual Cycle](#)

Diabetes

7/06/10 [Tight Blood Pressure Control Doesn't Help All Diabetics: Study](#)

Heart Disease

7/12/10 [Combined Behavioral Interventions Best Way To Reduce Heart Disease...](#)

Nutritional Knowhow

8/16/10 [Red Meat May Boost Women's Heart Disease Risk](#)

Smoking

7/19/10 [Cigarette Smoke May Up Cancer Risk by Interfering With Genes](#)

Stroke

5/04/10 [Majority of U.S. Women Have Limited Knowledge of Stroke Symptoms, Risks](#)

Weighty Matters

8/10/10 [Larger Waist Size Increases Health Risks](#)

